

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002788

1. Entity Name

PRIORITY HEALTHCARE FOUNDATION, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90170 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~285 WEST CENTRAL PARKWAY  
SUITE 1719  
ALTAMONTE SPRINGS FL 32714~~

~~285 WEST CENTRAL PARKWAY  
SUITE 1719  
ALTAMONTE SPRINGS FL 32714-2579~~

2. Principal Place of Business

3. Mailing Address

250 technology Park

250 technology Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 124

Suite 124

City & State

City & State

LAKE Mary, FL

LAKE Mary, FL

Zip

Zip

Country

Country

32746

32746

Seminole

Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUTTRELL, BARBARA J  
~~285 WEST CENTRAL PARKWAY  
SUITE 1719  
ALTAMONTE SPRINGS FL 32714~~

Name

Street Address (P.O. Box Number is Not Acceptable)

250 technology Park  
Suite 124

City

LAKE Mary, FL

FL

Zip Code

32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MYERS, ROBERT L  
CITY-ST-ZIP ~~285 WEST CENTRAL PARKWAY SUITE 1719  
ALTAMONTE SPRINGS FL 32714~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 250 technology Park, St. 124  
CITY-ST-ZIP LAKE Mary, FL 32746

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PERFETTO, DONALD  
CITY-ST-ZIP ~~285 WEST CENTRAL PARKWAY SUITE 1719  
ALTAMONTE SPRINGS FL 32714~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP //

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LUTTRELL, BARBARA J  
CITY-ST-ZIP ~~285 WEST CENTRAL PARKWAY SUITE 1719  
ALTAMONTE SPRINGS FL 32714~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP //

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J. Luttrell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00 407-804-6772  
Date Daytime Phone #

CR2E037 (9/99)